

APPLICATION FOR CERTIFICATE OF TITLE | STATE OF INDIANA | BUREAU OF MOTOR VEHICLES
 State Form 44049 (R3 / 1-98) Approved by State Board of Accounts 1998

TO BE COMPLETED BY A POLICE OFFICER, BMV OFFICIAL OR BMV CERTIFIED DEALER SIGNED FOR OUT OF STATE TITLES. I HEREBY CERTIFY THAT I PERSONALLY EXAMINED THE FOLLOWING VEHICLE AND FIND THE IDENTIFICATION NUMBER TO BE AS FOLLOWS.					I/WE THE UNDERSIGNED SWEAR OR AFFIRM THAT THE INFORMATION ENTERED ON THIS FORM IS CORRECT. I/WE UNDERSTAND THAT MAKING A FALSE STATEMENT ON THIS FORM MAY CONSTITUTE THE CRIME OF PERJURY. FURTHERMORE, I/WE AGREE TO INDEMNIFY AND HOLD HARMLESS THE INDIANA BMV FROM ANY LIABILITY ARISING FROM THIS TRANSACTION.				
VEHICLE IDENTIFICATION NUMBER									
YR.	MAKE	MODEL	TYPE	DATE					
INSPECTOR'S PRINTED NAME & TITLE				CITY					
INSPECTOR'S SIGNATURE				BADGE, BRANCH OR DEALER PLATE NO.	motor vehicle. There is a delinquent fee of \$15.00 for failure to do so. Attach Certificate of Title assigned by seller. On endorsed Titles, liens must be released. Supporting documents surrendered with this application cannot be returned to the applicant. State fee for applying for Title is \$11.00 . *In accordance with Federal Code 383.				
1.	TITLE NUMBER	BRANCH NO.	INVOICE NO.	BMV USE ONLY					
2.	*SOC. SEC./FEDERAL I.D.NO.	APPLICANT'S NAME						BMV USE ONLY	
3.	STREET ADDRESS			CITY			STATE	ZIP CODE	
4.	VEHICLE I.D. NUMBER		VEH. YEAR	VEH. MAKE	VEH. MODEL NO.	VEH TYPE	ODOMETER		
5.	FORMER TITLE NUMBER	PURCHASE DATE	LIEN	SPEED	PICK UP	MAIL	DEALER NO.	BMV USE ONLY	
6.	FIRST LIEN'S NAME OR SPECIAL MAILING ADDRESS					STREET ADDRESS			
7.	CITY	STATE	ZIP CODE		BMV USE ONLY				
8.	SECOND LIEN'S NAME					STREET ADDRESS			
9.	CITY	STATE	ZIP CODE	LICENSE NUMBER	LICENSE YEAR	FORMS USED	BMV USE ONLY		
GROSS RETAIL & USE TAX AFFIDAVIT - I/WE HEREBY CERTIFY THAT SALES OR USE TAX ON THIS VEHICLE WAS PAID AS INDICATED BELOW.									
10.	SELLING PRICE	LESS TRADE-IN *	AMOUNT SUBJECT TO TAX	AMOUNT OF TAX	DEALER	BRANCH	EXEMPT	IF EXEMPT PLACE PARA.#	
	\$	\$	\$	\$					

*Your Social Security number / Federal I.D. number is being requested by this agency under IC 4-1-8-1. Disclosure is mandatory and this document cannot be processed without it.

APPLICANT RESPONSIBLE FOR ACCURACY OF INFORMATION
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BUREAU - TO BE MAILED WITH TITLE REPORT